## CLAIM BY NONRESIDENT ALIEN INDIVIDUAL

NAMES MUST BE LEGIBLY TYPED OR PRINTED

TO BE FILED FOR PURPOSE OF CLAIMING EXEMPTION

## IN CONNECTION WITH THE DEDUCTION OF INCOME TAX ON COMPENSATION EARNED IN THE UNITED STATES

## For Calendar Year 1927

EMPLOYER		EMPLOYEE	
Name	Name		
Street			
City State			
Date claim received by employer			
	UESTIONS		
1. Of what country are you a resident?			
<ol><li>If you are a resident of Canada or Mexico, state how man under 18 years of age or incapable of self-support becau their chief support from you on the last day of the tax</li></ol>	se mentally or physically dete	ective were receiving	
STATEMENT OF CREDIT CLAIMED AND INCOME			
Personal exemption (amount allowed a nonresident alien, wh	hether single, married, or the	head of a family)	\$ 1,500.00
Credit for dependents, if a resident of Canada or Mexico (s	ee Instructions below)		
	Total credit claimed		·
Compensation for labor or personal services (state name an		\$	
Other income (state nature of income, and name and adreceived):			
Total income received during the taxable year from s			
Balance of credit (total credit claimed minus total in	ncome received)		\$
A nonresident alien residing in any country is entitled head of a family, and in addition if such alien resides in C (other than husband or wife) dependent upon and receiving age or is incapable of self-support because mentally or phy. In case a nonresident alien, employed in the United Stents if a resident of Canada or Mexico, he shall file with a duly executed under oath, which will entitle him to have a services actually performed in the United States in excess the performed in the United States in excess the employer will transmit this affidavit to the Collector When no tax is withheld the affidavit should be forwarded different and the second of t	sizes, desires to claim the per his employer not later than tax withheld from income at of the personal exemption at 1 \$4,000, and 5 per cent on the with Form 1042, if any tax is	sonal exemption, an February 1, 1928, a tributable to compe and credit for depen- the amount in excess withheld from the sa	d credit for depend claim on this form mation for persons dents at the rate of s of \$8,000. lary of the employed
	AFFIDAVIT	111011101 1101 011110,	
I swear (or affirm) that the above statements, made belief true and complete.	in connection with this clair		
(If claim is made by agent, the	reason therefor must be stated on thi	s line)	
Sworn to and subscribed before me this	(Si	gnature of employee or ag	ent)
, 192		(Address of agent)	
(Signature of officer administering oath)	-,(Title)	- 2—1410	S GOVERNMENT PRINTING OFFICE